

Clerk stamps date here when form is filed.

If you are getting public benefits, are a low-income person, or do not have enough income to pay for household's basic needs, you may use this form to ask the court to waive all or part of the fees. The court may order you to answer questions about your finances. If the court waives the fees, you may still have to pay later if:

- You cannot give the court proof of your eligibility,
- Your financial situation improves during this case, or
- You settle your civil case for **\$10,000** or more. The trial court that waives your fees will have a lien on any such settlement in the amount of the waived fees and costs. The court may also charge you any collection costs.

READ this carefully!**SAMPLE ONLY****Do not fill out
this form****Write in the court
address here**

Fill in case number and name:

Case Write your **Case Number** here**Case Name:**Write your **Case Name** here**1 Your Information** (person asking the court to waive the fees):

Name: _____

Street or mailing address: _____

City: _____ State: _____ Zip: _____

Phone number: _____

2 Your Job, if you have one (job title): _____

Name of employer: _____

Employer's address: _____

3 Your lawyer, if you have one (name, address, phone number, and State Bar number): _____**Complete items #1, #2 & #4.
Fill out #3 if you have a lawyer.**a. The lawyer has agreed to advance all or a portion of your fees or costs (check one): Yes ☐ No ☐

b. (If yes, your lawyer must sign here) Lawyer's signature: _____

If your lawyer is not providing legal-aid type services based on your low income, you may have to go to a hearing to explain why you are asking the court to waive the fees.

4 What court's fees or costs are you asking to be waived?☐ Superior Court (See Information)☐ Supreme Court, Court of Appeal

Appellate Court Fees and

5 Why are you asking the court to waive the fees?a. ☐ I receive (check all that apply):Assistance ☐ IHSS (In-Home Supportive Services)

Assistance for Needy Families

b. ☐ My gross monthly household income is less than:

(If you check 5b you must fill out 7, 8 and 9 on page 2 of this form.)

For question 5, check 'a', 'b', OR 'c':**If you check # 5a**, just make sure you check any box that applies to you in 5a.**If you check # 5b**, fill out # 7, 8 and 9 on the back. Then, you are done!**If you check #5c**, fill out everything on back side of the form.

Family Size	Family Income	Family Size	Family Income	Family Size	Family Income	If more than 6 people at home, add \$397.92 for each extra person.
1	\$1,134.38	3	\$1,930.21	5	\$2,726.05	
2	\$1,532.30	4	\$2,328.13	6	\$3,123.96	

c. ☐ I do not have enough income to pay for my household's basic needs and the court fees. I ask the court to (check one): ☐ waive all court fees ☐ waive some of the court fees ☐ let me make payments over time (Explain): _____

6 ☐ Check here if you ask for a fee waiver in this case in the last 6 months. Attach that request if you have it and check the second box.

(If your previous request was denied, check here.)

Check #6 if you asked for a fee waiver in this case in the last 6 months. Attach that request if you have it and check the second box.

I declare under penalty of perjury under the laws of the State of California that the information I have provided on this form and all attachments is true and correct.

Date: Write Today's Date here

Print Your Name here

Sign Here

Print your name here

Sign here

Your name: _____

Print Your Name here

Case Number: _____

Write your Case Number here

If you checked 5a on page 1, do not fill out below. If you checked 5b, fill out questions 7, 8, and 9 only. If you checked 5c, you **must** fill out this entire page. If you need more space, attach form MC-025 or attach a sheet of paper and write Financial Information and your name and case number at the top.

- 7 ☐ Check here if your income changes a lot from month to month. Fill out below based on your average income for the past 12 months.

8 Your Monthly Income

- a. Gross monthly income (before deductions): \$ _____
List each payroll deduction and amount below:

(1) _____ \$ _____
(2) _____ \$ _____
(3) _____
(4) _____

b. Total deduction _____

c. Total monthly take home pay _____

- d. List the source of your income for the month, including unemployment, disability, security, disability, quarters (BAQ), income, annuities, reimbursement, winnings, etc.

(1) _____
(2) _____
(3) _____ \$ _____
(4) _____ \$ _____

e. Your total monthly income is (8c plus 8d): \$ _____

9 Household Income

- a. List all other persons living in your home and their income; include only your spouse and all individuals who depend in whole or in part on you for support, or on whom you depend in whole or in part for support.

Name	Age	Relationship	Gross Monthly Income
(1) _____	_____	_____	\$ _____
(2) _____	_____	_____	\$ _____
(3) _____	_____	_____	\$ _____
(4) _____	_____	_____	\$ _____

b. Total monthly income of persons above: \$ _____

Total monthly income and household income (8e plus 9b): \$ _____

10 Your Money and Property

a. Cash _____ \$ _____

b. All financial accounts (List bank name and amount):

(1) _____ \$ _____
(2) _____ \$ _____
(3) _____ \$ _____
(4) _____ \$ _____

e. Other personal property (jewelry, furniture, cars, stocks, bonds, etc.):

Describe	Fair Market Value	How Much You Still Owe
(1) _____	\$ _____	\$ _____
(2) _____	\$ _____	\$ _____
(3) _____	\$ _____	\$ _____

11 Your Monthly Expenses

(Do not include payroll deductions you already listed in 8b.)

a. Rent or house payment & maintenance \$ _____
b. Food and household supplies \$ _____
c. Utilities and telephone \$ _____
d. Clothing \$ _____
e. Laundry and cleaning \$ _____
f. Medical and dental expenses \$ _____
g. Insurance (life, health, accident, etc.) \$ _____
h. School, child care \$ _____
i. Child, spousal support (another marriage) \$ _____
j. Transportation, gas, auto repair and insurance \$ _____

READ this notice carefully!

If you want to add any more information, attach form MC-025 or a piece of paper, with your name, case number and write "Financial Information" at the top. Don't forget to check the box in here telling the court you have attached another page.

(1) _____ \$ _____
(2) _____ \$ _____
(3) _____ \$ _____

Total monthly expenses (add 11a – 11m above): \$ _____

To list any other facts you want the court to know, such as unusual medical expenses, family emergencies, etc., attach form MC-025. Or attach a sheet of paper, and write Financial Information and your name and case number at the top. Check here if you attach another page. ☐

Important! If your financial situation or ability to pay court fees improves, you must notify the court within five days on form FW-010.